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FAX COVER SHEET

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FAX NO.: 703-872-9306

Applicant(s): James L. Uecker
Docket No: ITW 14509
Serial No: 10/764,278
Filed: January 22, 2004
FOR: Method and Apparatus For Arc Welding with Arc Control

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Enclosures:

Amendment & Response
Amendment Transmittal (duplicate)

Total pages (including this sheet):

DATE/TIME TRANSMITTED: May 7, 2004

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*DN*G:\WP51\DOCS\ITW\14509\transprel.wpd Wednesday, May 05, 2004 10:01AM



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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/764,278	01/22/2004	James L. Uecker	ITW 14509

23721
CORRIGAN LAW OFFICE
5 BRIARCLIFF CT
APPLETON, WI 54915

CONFIRMATION NO. 9691

FORMALITIES LETTER



OC000000012497175

Date Mailed: 04/30/2004

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- Replacement claim(s) commencing on a separate sheet in compliance with 37 CFR 1.75(h) and 1.121 is required.

Replies should be mailed to: Mail Stop Missing Parts
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6/30/04
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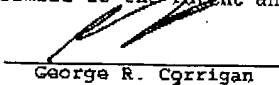
*A copy of this notice **MUST** be returned with the reply.*


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Initial Patent Examination Division (703) 308-1202

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George R. Corrigan

Date: May 7, 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PRELIMINARY AMENDMENT

Applicant(s): James L. Uecker

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Sir:

Herewith is a preliminary amendment for the application identified above. Please enter it prior to the issuance of the first Office Action.

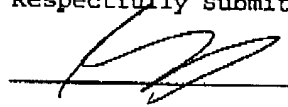
FEE CALCULATION, CLAIMS AS AMENDED:

	Claims after amendment	Previously paid for		Present Extra		Additional Fee
All claims:	47 minus 47	=	0	X	\$18.00 =	\$0.00
Ind. claims:	9 minus 9	=	0	X	\$86.00 =	\$0.00

TOTAL ADDITIONAL FEE: \$000.00

Please charge this fee of \$000.00, and any additional fees that may be due to Deposit Account number 50-0599.

Respectfully Submitted


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